

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2602	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 0102 B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2013
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848 SS=D	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and testing, it was determined the facility failed to maintain negative air pressure in the soiled laundry area and positive air pressure in the clean laundry area.</p> <p>The finding included:</p> <p>Observation and testing of the laundry facility on 3/4/13 at 7:42 AM, revealed negative air pressure in the clean side of the laundry facility and positive air pressure in the dirty side of the laundry facility.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 3/4/13.</p>	N 848	<p>1. On 3/04/13, the Maintenance Director removed the duct tape covering the air supply vent located in the soiled laundry room providing positive air pressure in clean side and negative in the soiled side.</p> <p>2. All residents within the facility have the potential to be affected.</p> <p>3. a) On 3/05/13, the Maintenance Director re-educated laundry staff regarding the requirement to keep vent systems obstruction free. b) Weekly random audits will be conducted by the Executive Director, Maintenance Director and/or Designee to ensure continued compliance.</p> <p>4. Random audits will be conducted by the Executive Director, Maintenance Director and/or Designee with findings reported monthly to the QA Committee until resolved.</p>	03/05/13

Division of Health Care Facilities

David H. Bookkin
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Executive Director

(X6) DATE

3/22/13

STATE FORM

5590

Y6QC21

If continuation sheet 1 of 1

MAR 25 2013